



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

MEMORANDUM

DATE: January 31, 2022
TO: State Board of Education
FROM: Michael F. Rice, Ph.D., Chairperson
SUBJECT: Presentation of Revised Model Asthma Policy

A handwritten signature in black ink, appearing to read "MFR", enclosed within an oval.

The attached State Board of Education Model Policy on the Management of Asthma in Schools has been revised to include new evidence related to the treatment of asthma, best practices for managing asthma in schools, and new resources for school personnel, students, and families. For youth who have been told they have asthma, Michigan's prevalence is eleventh highest in the country.

Since the previous Model Policy on the Management of Asthma in Schools was developed and approved in 2005, the federal asthma management guidelines have been updated twice, in 2007 and 2020. An important resource, the School-Based Allergy, Asthma and Anaphylaxis Management Program (SA³MPRO™), was developed to improve health and school-related outcomes for children with asthma, with school-based partnerships that focus on integrated care coordination among families, clinicians, and school nurses. The proposed changes for review are indicated by a strikethrough of outdated content and additions bolded in all caps.

Following a period of public comment, the Board will be asked to approve the Model Policy on the Management of Asthma in Schools at the May 10, 2022 meeting.

STATE BOARD OF EDUCATION

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
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MICHIGAN
STATE BOARD OF EDUCATION
POLICY ON THE MANAGEMENT OF
ASTHMA IN SCHOOLS

~~Asthma is the most common chronic disease of childhood and is the leading cause of preventable hospitalizations in Michigan children.^{1,2} About five percent of Michigan children under the age of 15 will experience an asthma attack each year.³ Nationally, it is the leading chronic disease cause of school absences, resulting in over 14 million absences each year.⁴ According to a National Association of School Nurses survey, asthma is more disruptive of school routines than any other chronic condition.² Furthermore, a survey of Michigan public schools found that most staff are not aware of asthma's disruptive impact to the school day.⁵ However, there is hope that with proper management, asthma can be controlled. Children with properly managed asthma can participate in normal activities and not have symptoms during or miss school. Schools cannot achieve their educational mission if students with asthma cannot appropriately manage their asthma.~~

APPROXIMATELY SIX MILLION CHILDREN IN THE UNITED STATES CURRENTLY HAVE ASTHMA, ONE OF THE MOST COMMON CHRONIC DISEASES AMONG CHILDREN. IT IS THE LEADING HEALTH CONTRIBUTOR TO MISSED SCHOOL DAYS, RESULTING IN ABOUT 14 MILLION ABSENCES EACH YEAR.¹ AMONG MICHIGAN CHILDREN WITH ASTHMA, 15.7% MISS SIX OR MORE DAYS OF SCHOOL EACH YEAR BECAUSE OF THEIR ASTHMA. LESS THAN HALF (41.2%) OF THESE CHILDREN HAD AN ASTHMA ACTION PLAN ON FILE AT THEIR SCHOOL, AND 28.2% AGES 10-17 YEARS REPORTED THAT THEY WERE NOT ALLOWED TO CARRY THEIR ASTHMA MEDICATION WITH THEM AT SCHOOL.² THESE ARE JUST A FEW OF THE CHALLENGES THAT STUDENTS, FAMILIES, AND SCHOOLS FACE RELATED TO ASTHMA. SCHOOLS MUST ENSURE THAT THEY ARE ADEQUATELY PREPARED TO ADDRESS EXISTING ASTHMA ISSUES. THIS WILL REQUIRE A COMPREHENSIVE AND COORDINATED APPROACH THAT IS BASED ON PROVEN RESEARCH AND BEST PRACTICES. IT WILL REQUIRE WORKING CLOSELY WITH STUDENTS, PARENTS, HEALTH CARE PROVIDERS, AND THE COMMUNITY, TO ENSURE THAT STUDENTS WITH ASTHMA HAVE THE TOOLS AND RESOURCES THEY NEED TO MANAGE THEIR ASTHMA AND SUCCEED IN SCHOOL.

~~The State Board of Education is convinced that the benefits of a clear school policy for asthma management can make a difference in school performance. This policy builds on existing asthma best practices including Michigan's asthma inhaler law,⁶ the State Board of Education Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools,⁷ national strategies from the Centers for Disease Control and Prevention,⁸ and the National Asthma Education and Prevention Program.⁹~~

THE STATE BOARD OF EDUCATION BELIEVES THAT A COMPREHENSIVE SCHOOL POLICY FOR ASTHMA CAN CREATE A LEARNING ENVIRONMENT THAT IS SAFE AND SUPPORTIVE, IMPROVES ATTENDANCE AND PARTICIPATION IN ACTIVITIES, AND PROMOTES ACADEMIC SUCCESS AND WELLBEING. THIS POLICY BUILDS ON EXISTING ASTHMA BEST PRACTICES, INCLUDING MICHIGAN'S INHALER AND EPINEPHRINE

AUTO-INJECTOR LAW,⁴ THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL,⁵ SCHOOL-BASED ALLERGY, ASTHMA, AND ANAPHYLAXIS MANAGEMENT PROGRAM (SA³MPRO™),⁶ AS WELL AS NATIONAL STRATEGIES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC),⁷ THE NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM (NAEPP)⁸, AND THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA).⁹ THIS POLICY ALSO ADDRESSES THE CORE TENETS INCLUDED IN THE CONSENSUS STATEMENT OF THE CORE TENETS OF CHRONIC CONDITION MANAGEMENT IN SCHOOLS AND, IF FULLY IMPLEMENTED, MEETS THE STANDARDS OF CARE OUTLINED IN SUPPORTING STUDENTS WITH CHRONIC HEALTH CONDITIONS IN SCHOOL: STANDARDS OF CARE DOCUMENT.

The Board, therefore, recommends that each Michigan school and district establish asthma-friendly schools by implementing the following ~~coordinated~~ school health practices.

I. PROVIDE A CIRCLE OF SUPPORT

A CIRCLE OF SUPPORT IS A COMMUNICATION NETWORK CENTERED AROUND THE CHILD AND ENGAGES ALL THE FOLLOWING:

- FAMILIES
- CLINICIANS - INCLUDING THOSE IN CHILD AND ADOLESCENT HEALTH CENTERS, WHERE AVAILABLE
- SCHOOL NURSES
- SCHOOL PERSONNEL
- CAREGIVERS
- COMMUNITY

1. A. ESTABLISH ASTHMA MANAGEMENT AND SUPPORT SYSTEMS TO ENSURE ASTHMA PRACTICES ARE COMMUNICATED AND COORDINATED IN SCHOOLS AND THAT ASTHMA PROGRAM STRATEGIES AND POLICIES ARE ANNUALLY EVALUATED, INCLUDING:

~~a. Coordination of asthma management activities by the School Health Program Coordinator (see State Board of Education Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools).⁷~~

~~b. Individual asthma action plan forms in annual enrollment materials.~~

~~c. Facilitation of communication among school staff that interact with children with asthma using a student list developed from enrollment materials and other existing sources.~~

~~d. A system to make staff aware of school policy on acute and routine management of asthma, including information on signs of an asthma attack, asthma medication and administration, and emergency protocols for handling asthma exacerbations in “unusual” situations such as field trips.~~

1. COORDINATION OF ASTHMA MANAGEMENT ACTIVITIES BY SCHOOL NURSE OR PERSONNEL DESIGNATED BY THE SCHOOL ADMINISTRATOR.

2. FACILITATION OF THE IDENTIFICATION OF ALL STUDENTS WITH A DIAGNOSIS OF ASTHMA.

3. **CREATION AND IMPLEMENTATION OF COMMUNICATION PLANS TO BE UTILIZED BY SCHOOL STAFF MEMBERS WHO INTERACT WITH CHILDREN WITH ASTHMA AND THOSE WHO “NEED TO KNOW.” COMMUNICATION PLANS MUST BE COMPLIANT WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) WHEN INVOLVING PERSONAL HEALTH INFORMATION. COMMUNICATION PLANS SHOULD ALSO OUTLINE HOW, DURING SCHOOL EMERGENCIES, STUDENTS WITH ASTHMA WILL BE IDENTIFIED BY STAFF, HAVE ACCESS TO RESCUE MEDICATIONS, AND BE PRIORITIZED FOR FAMILY REUNIFICATION OR TRANSPORT FOR MEDICAL CARE.**
 - B. **COORDINATE A SYSTEM OF COMMUNICATION BETWEEN HEALTH PROVIDERS AND SCHOOLS THAT IS ACCESSIBLE, BI-DIRECTIONAL, AND USES SIMPLE STANDARDIZED PROCESSES THAT ARE CUSTOMIZABLE FOR INDIVIDUAL STUDENTS. DEVELOPMENTAL STEPS TOWARD THIS IDEAL COMMUNICATION INCLUDE:**
 1. **INCORPORATION OF WRITTEN PERMISSION TO SHARE STUDENT INFORMATION WITH THE STUDENT’S HEALTH CARE PROVIDERS INTO EXISTING SCHOOL HEALTH FORMS TO ENSURE BI-DIRECTIONAL COMMUNICATION BETWEEN THE SCHOOL AND HEALTH CARE PROVIDER ON A NEED-TO-KNOW BASIS.**
 2. **COMMUNICATION AS NEEDED WITH A STUDENT’S CAREGIVERS AND HEALTH CARE PROVIDERS INCLUDING, BUT NOT LIMITED TO, AN ANNUAL UPDATE OF THE ASTHMA ACTION PLAN.**
 - C. **SCHOOL NURSES ARE AN ESSENTIAL PART OF THE HEALTH CARE TEAM SINCE THEY OFTEN COORDINATE CARE FOR STUDENTS WITH ASTHMA. SCHOOL NURSES ARE UNIQUELY POSITIONED TO PROVIDE DIRECT CARE, ADHERENCE COUNSELING, AND EDUCATION, AND CAN PROVIDE AN IMPORTANT LINK TO COMMUNITY-BASED CARE FOR CHILDREN WITH ASTHMA. IT IS RECOMMENDED THAT EACH SCHOOL HAVE A FULL-TIME NURSE, AS ENDORSED BY THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND THE NATIONAL ASSOCIATION OF SCHOOL NURSES (NASN).**
 - D. **IDENTIFYING AND UTILIZING AVAILABLE COMMUNITY RESOURCES SUCH AS LOCAL CHILD AND ADOLESCENT HEALTH CENTERS (CAHC), ASTHMA COALITIONS, COMMUNITY PROGRAMS, COMMUNITY HEALTH CARE PROVIDERS, AND SOCIAL SERVICE AGENCIES.**
- II. **PROVIDE ASTHMA EDUCATION FOR SCHOOL PERSONNEL AND STUDENTS**
- A. **PARTNER WITH CLINICS, HOSPITALS, CHILD, AND ADOLESCENT HEALTH CENTERS (CAHC), AND COMMUNITY ORGANIZATIONS TO PROVIDE ASTHMA EDUCATION TO STUDENTS, CAREGIVERS, AND SCHOOL PERSONNEL.**

1. **ASTHMA EDUCATION SHOULD BE APPROACHABLE AND AVAILABLE AT ALL LITERACY LEVELS AND ADDRESS MULTICULTURAL BELIEFS. A *CRITICAL COMPONENT OF THIS EDUCATION IS RECOGNIZING WORSENING ASTHMA SYMPTOMS, AND/OR LACK OF ASTHMA CONTROL*. THIS AWARENESS OF WARNING SIGNS, INCLUDING WHEN AND WHERE TO GET HELP, SHOULD BE PROVIDED TO ALL SCHOOL STAFF AND STUDENTS.**
2. **PROVIDE STUDENT EDUCATION PROGRAMS ON ASTHMA BASICS, SELF-MANAGEMENT, AND EMERGENCY RESPONSE.**
3. **PROVIDE 3 TIERS OF PROFESSIONAL DEVELOPMENT TRAINING FOR SCHOOL STAFF BASED ON THE LEVEL OF RESPONSIBILITY THE STAFF MEMBER WILL HAVE ON SUPPORTING STUDENTS WITH ASTHMA. ALL STAFF SHOULD BE PROVIDED INFORMATION ON ASTHMA BASICS. STAFF WHO WILL HAVE RESPONSIBILITY FOR DAILY SUPPORT AND EMERGENCY CARE FOR STUDENTS WITH ASTHMA SHOULD BE PROVIDED TRAINING ON ASTHMA MANAGEMENT, TRIGGER MANAGEMENT, PREVENTATIVE MEDICATIONS, AND EMERGENCY RESPONSE.**
 - **TRAININGS SHOULD BE ADMINISTERED BY A SCHOOL NURSE OR CERTIFIED ASTHMA EDUCATOR (OR A QUALIFIED PERSON DESIGNATED BY THE LOCAL SCHOOL ADMINISTRATOR IF NEITHER ARE AVAILABLE).**
 - **TRAINING SHOULD TAKE PLACE AT THE BEGINNING OF EACH SCHOOL YEAR AND SHOULD BE REPEATED WHEN A CURRENT STUDENT IS NEWLY DIAGNOSED WITH ASTHMA OR WHEN A STUDENT WITH ASTHMA ENROLLS IN THE SCHOOL. REFRESHER TRAINING IS TO BE DONE AS NEEDED.**
 - **TRAININGS SHOULD BE PROVIDED TO CLASSROOM TEACHERS, PHYSICAL EDUCATION TEACHERS, COACHES, ATHLETIC DIRECTORS, SECRETARIES, ADMINISTRATIVE ASSISTANTS, PLAYGROUND AIDES, PRINCIPALS, FACILITY AND MAINTENANCE STAFF, FOOD SERVICE STAFF, PARAPROFESSIONALS, AND BUS DRIVERS BASED ON THREE LEVELS OF TRAINING.**

OVERVIEW OF TRAINING TIERS

TIER 1 TRAINING – ADMINISTERED TO ALL SCHOOL PERSONNEL AT THE BEGINNING OF THE YEAR.

TIER 1 TRAINING CONTENT (15 MINUTES):_EDUPATH

- **AN OVERVIEW OF ASTHMA**
- **HOW TO RECOGNIZE EARLY WARNING SIGNS OF ASTHMA AND RESPOND TO ASTHMA EMERGENCIES (APPENDIX)**

TIER 2 TRAINING – DESIGNED FOR SCHOOL PERSONNEL WHO HAVE RESPONSIBILITY FOR THE STUDENT WITH ASTHMA THROUGHOUT THE SCHOOL DAY, INCLUDING, BUT NOT LIMITED TO: CLASSROOM, PHYSICAL EDUCATION, MUSIC, AND ART TEACHERS, AS WELL AS OTHER PERSONNEL SUCH AS LUNCHROOM STAFF, COACHES, BUS DRIVERS, AND THE MEDICAL EMERGENCY RESPONSE TEAM (MERT).

TIER 2 TRAINING CONTENT (30 MINUTES): MICHIGAN ASSOCIATION OF SCHOOL NURSES (MASN) MEDICATION TRAINING

- **CONTENT FROM TIER 1 WITH SPECIFIC INSTRUCTIONS FOR WHAT TO DO IN CASE OF AN EMERGENCY**
- **ROLES AND RESPONSIBILITIES OF INDIVIDUAL STAFF MEMBERS**
- **EXPANDED OVERVIEW OF ASTHMA**
- **PROCEDURES AND BRIEF OVERVIEW OF THE OPERATION OF DEVICES (OR EQUIPMENT) COMMONLY USED BY STUDENTS WITH ASTHMA**
 - **METERED DOSE INHALER (MDI)**
 - **MEDICATION HOLDING CHAMBER/SPACER**
 - **NEBULIZER**
- **EFFECT OF ASTHMA ON BEHAVIOR, LEARNING, AND OTHER ACTIVITIES**
 - **EACH STUDENT'S EMERGENCY CARE PLANS AND HOW TO ACTIVATE EMERGENCY MEDICAL SERVICES IN CASE OF AN ASTHMA EMERGENCY**
 - **TIPS AND PLANNING NEEDED FOR THE CLASSROOM AND FOR SPECIAL EVENTS**

TIER 3 TRAINING – FOR ONE OR MORE SCHOOL STAFF MEMBERS DESIGNATED AS TRAINED ASTHMA PERSONNEL WHO WILL PERFORM OR ASSIST THE STUDENT WITH ASTHMA CARE TASKS. IDEALLY, AT LEAST FOUR ADULTS SHOULD BE TRAINED AS A TIER 3. MONITORING ALL EMPLOYEES WHO ASSIST STUDENTS WITH ASTHMA IS THE RESPONSIBILITY OF EACH SCHOOL.

TIER 3 TRAINING CONTENT (30 MINUTES): ASTHMA BASICS

- **CONTENT FROM TIER 1 AND TIER 2**
 - **GENERAL TRAINING ON ASTHMA CARE TASKS**
 - **STUDENT-SPECIFIC TRAINING, WHEN ADDRESSING EACH ASTHMA CARE TASK, INCLUDING:**
 - **CLEAR IDENTIFICATION AND UNDERSTANDING OF THE TASK AS OUTLINED IN THE STUDENT'S ASTHMA ACTION PLAN**
 - **EACH STUDENT'S SYMPTOMS AND TREATMENT FOR ASTHMA EXACERBATIONS**
 - **STEP-BY-STEP INSTRUCTION ON HOW TO PERFORM THE TASK USING THE STUDENT'S EQUIPMENT AND SUPPLIES**
 - **CLEAR PARAMETERS ON WHEN TO ASK FOR HELP FROM A HEALTH CARE PROFESSIONAL**
 - **HOW TO DOCUMENT ALL CARE TASKS PROVIDED**
 - **PLAN FOR ONGOING EVALUATION**
- 4. OFFER INFORMATION REGARDING TOBACCO PREVENTION AND CESSATION PROGRAMS FOR STUDENTS, CAREGIVERS, AND STAFF, INCLUDING THE FREE MICHIGAN TOBACCO QUITLINE (1-800-784-8669) AND THE MY LIFE MY QUIT YOUTH PROGRAM FOR THOSE UNDER 18 (TEXT START MY QUIT TO 855-891-9989). THIS INFORMATION SHOULD INCLUDE COMMERCIAL TOBACCO AND ELECTRONIC CIGARETTE DEVICES.**
- 5. INCORPORATE ASTHMA AWARENESS AND LUNG HEALTH EDUCATION AS PART OF HEALTH EDUCATION CURRICULA AND OTHER CURRICULA AREAS.**
- 6. ESTABLISH AN ASTHMA TRAVEL POLICY FOR FIELD TRIPS AND OFF CAMPUS ACTIVITIES. THIS SHOULD INCLUDE DESIGNATING A TRAINED STAFF MEMBER TO ADDRESS AN ASTHMA**

EMERGENCY, AND ENSURING THEY HAVE ALL NECESSARY RESOURCES (ACTION PLAN AND RESCUE MEDICATIONS).

II. Provide appropriate school health and mental health services for students with asthma, including:

- ~~a. Procedures to obtain, maintain, and utilize written asthma action plans, signed by the child's physician, for every student with asthma.~~
- ~~b. A standard emergency protocol in place for students in respiratory distress if they do not have a written asthma action plan on site.~~
- ~~c. Policies that ensure students have immediate access to asthma medications at all times and that allow students to self-carry and self-administer asthma medications, inhalers, and Epi-Pens, as prescribed by a medical professional, and approved by parents or legal guardian.~~
- ~~d. Smoking prevention and cessation programs for students and staff.~~
- ~~e. Case management for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to asthma.~~
- ~~f. Access to a consulting health professional for the district to address asthma questions.~~

III. Provide asthma education and awareness programs for students and staff, including:

- ~~a. Education programs for students with asthma on asthma basics, self-management, and emergency response.~~
- ~~b. Professional development training for all school staff on asthma basics, asthma management, trigger management, and emergency response including classroom teachers, physical education teachers, coaches, secretaries, administrative assistants, playground aides, principals, facility and maintenance staff, food service staff, and bus drivers.~~
- ~~c. Asthma awareness and lung health education as part of health education curricula and other curricula areas.~~

III. ASTHMA EMERGENCY TREATMENT PLAN AND ASTHMA ACTION PLAN

A. PROVIDE APPROPRIATE SCHOOL HEALTH AND BEHAVIORAL HEALTH SERVICES FOR STUDENTS WITH ASTHMA CONSISTENT WITH EXISTING MICHIGAN STATE BOARD OF EDUCATION POLICIES REGARDING STUDENT HEALTH:

- 1. IMPLEMENT PROCEDURES TO OBTAIN, MAINTAIN, AND UTILIZE WRITTEN ASTHMA ACTION PLANS (AAP), SIGNED BY THE CHILD'S HEALTH CARE PROVIDER, FOR EVERY STUDENT WITH ASTHMA.**
- 2. CREATE A SCHOOL-BASED ASTHMA EMERGENCY TREATMENT PLAN THAT WOULD APPLY TO ALL STUDENTS WHO PRESENT WITH TROUBLESOME ASTHMA SYMPTOMS BUT DO NOT HAVE A DOCUMENTED AND UPDATED AAP AVAILABLE. THIS SHOULD INCLUDE A STANDARDIZED MEDICAL EMERGENCY RESPONSE THAT WOULD BE CARRIED OUT BY A DESIGNATED AND PROPERLY TRAINED MEDICAL EMERGENCY RESPONSE TEAM. IT IS**

RECOMMENDED THAT SCHOOLS MAINTAIN A STOCK SUPPLY OF RESCUE INHALERS FOR THOSE STUDENTS WHO MAY NOT HAVE ACCESS TO THEIR MEDICATIONS.

- 3. ENSURE ALL STUDENTS HAVE IMMEDIATE ACCESS, THAT IS TIMELY AND WITHOUT DELAY, TO ASTHMA MEDICATIONS PRESCRIBED BY A MEDICAL PROFESSIONAL AND APPROVED BY PARENTS OR A LEGAL GUARDIAN. THIS INCLUDES ALLOWING STUDENTS TO SELF-CARRY AND SELF-ADMINISTER ASTHMA MEDICATIONS, INHALERS, AND EPI-PENS AS DEFINED BY THE MICHIGAN SCHOOL INHALER LAW, OR BY HAVING THE MEDICATIONS IN THE STUDENT'S CLASSROOM FOR THOSE STUDENTS WHO NEED SUPERVISED ADMINISTRATION.**
- 4. STUDENTS WHO ARE NOT OLD ENOUGH OR MATURE ENOUGH TO SELF-ADMINISTER THEIR ASTHMA MEDICATIONS SHOULD BE ADEQUATELY SUPPORTED. THIS INCLUDES ENSURING THAT STAFF ARE ADEQUATELY TRAINED TO ASSIST THEM, PROTOCOLS ARE IN PLACE TO SUPPORT IMMEDIATE ACCESS TO MEDICATION, AND COMMUNICATION OF MEDICATION USE TO APPROPRIATE SCHOOL STAFF AND PARENT/GUARDIAN.**
- 5. OFFER CARE COORDINATION SERVICES BY SCHOOL NURSE OR PERSONNEL DESIGNATED BY SCHOOL ADMINISTRATOR FOR STUDENTS WITH FREQUENT SCHOOL ABSENCES, SCHOOL HEALTH OFFICE VISITS, EMERGENCY DEPARTMENT VISITS, OR HOSPITALIZATIONS DUE TO ASTHMA. CARE COORDINATION SERVICES SHOULD ALSO BE OFFERED TO STUDENTS WITH BEHAVIORAL HEALTH NEEDS, CONSISTENT WITH THE MICHIGAN STATE BOARD OF EDUCATION POLICY ON INTEGRATING MENTAL HEALTH IN SCHOOLS, WHICH MAY BE INTERFERING WITH THEIR MANAGEMENT OF ASTHMA.**
- 6. SECURE ACCESS TO A CONSULTING HEALTH PROFESSIONAL AND COMMUNITY RESOURCES FOR THE DISTRICT TO ADDRESS ASTHMA QUESTIONS AND BEHAVIORAL HEALTH NEEDS, INCLUDING CHILD AND ADOLESCENT HEALTH CENTER PROVIDERS, WHERE AVAILABLE.**
- 7. ENSURE THAT INDIVIDUAL ASTHMA ACTION PLANS ARE REVIEWED AND UPDATED ANNUALLY AND AS NEEDED THROUGHOUT THE YEAR.**
- 8. ENSURE THAT INDIVIDUAL ASTHMA ACTION PLANS ARE AVAILABLE TO ALL STAFF (TEACHERS, COACHES, ETC.) WHO WORK CLOSELY WITH THE STUDENT.**

~~V. Provide students with asthma safe, enjoyable physical education and activity opportunities, including:~~

- ~~a. Full participation in physical activities when students are well.~~
- ~~b. Modified activities as indicated by student's asthma action plan, 504 plan, or Individualized Education Plan (IEP).~~
- ~~c. Access to preventative medications before activity (as prescribed by their providers) and immediate access to emergency medications during activity.~~
- ~~d. Communication regarding student health status between parents, physicians, coaches, and physical education teachers.~~

~~IV. Take actions to reduce asthma trigger exposure to promote a safe and healthy school environment by the development/adooption of the following policies and practices:~~

- ~~a. A tobacco-free school policy that is 24 hours per day, 7 days a week, on all school property, in any form of school transportation, and at school sponsored events both on and off school property.~~
- ~~b. Prevent indoor and outdoor air quality problems by implementing best practice policies for common issues such as: preventative maintenance on heating/cooling systems; construction and remodeling projects; bus idling and retrofitting; integrated pest management techniques and pesticide application notification; cleaning practices that address fumes, dust mites, and molds; chemicals and solutions storage; and the presence of warm-blooded animals in the classroom.~~
- ~~c. Limit student outdoor activity on high ozone and extremely cold days.~~

IV. ENVIRONMENTAL PLAN

A. TAKE ACTIONS TO REDUCE ASTHMA TRIGGER EXPOSURE AND PROMOTE A SAFE AND HEALTHY SCHOOL ENVIRONMENT BY DEVELOPING AND ADOPTING THE FOLLOWING POLICIES AND PRACTICES:

- 1. A TOBACCO-FREE (INCLUDING ELECTRONIC CIGARETTES) SCHOOL POLICY, APPLICABLE TO ALL INDIVIDUALS, THAT IS 24-HOURS PER DAY, 7 DAYS A WEEK, ON ALL SCHOOL PROPERTY, IN ANY FORM OF SCHOOL TRANSPORTATION, AND AT SCHOOL-SPONSORED EVENTS BOTH ON AND OFF SCHOOL PROPERTY.**
- 2. PREVENT INDOOR AND OUTDOOR AIR QUALITY PROBLEMS BY IMPLEMENTING BEST PRACTICE POLICIES FOR COMMON ENVIRONMENTAL ISSUES SUCH AS TOBACCO SMOKE, POLLEN, ANIMAL DANDER AND DROPPINGS, CHALK DUST, CLEANING AGENTS, SCENTED AND UNSCENTED PERSONAL CARE PRODUCTS, ESSENTIAL OILS, ROOM DEODORIZERS, VOLATILE ORGANIC COMPOUNDS, LABORATORY CHEMICALS, UNVENTED FUMES, AND VEHICLE EXHAUST. IT IS IMPORTANT TO PERFORM PROPER MAINTENANCE OF HEATING, VENTILATION, AND PLUMBING SYSTEMS.**
 - DUST MITES ARE FOUND IN CARPETING, UPHOLSTERED FURNITURE, STUFFED ANIMALS OR TOYS, AND PILLOWS. DUST FREQUENTLY WITH A DAMP CLOTH, REDUCE THE NUMBER OF STUFFED ITEMS, AND REMOVE CARPETING.**
 - MOLD CAN BE CONTROLLED BY WATCHING FOR AND RESPONDING PROMPTLY WHEN SIGNS OF MOISTURE AND/OR MOLD ARE DISCOVERED.**
 - REDUCE EXPOSURE TO DIESEL EXHAUST BY ESTABLISHING AN IDLE REDUCTION POLICY, LOCATING BUS LINES AWAY FROM VENTILATION INTAKES, AND UTILIZING EXHAUST REDUCTION EQUIPMENT OR PURCHASING ELECTRIC OR LOW EMISSION VEHICLES**

- **LIMITING STUDENT CONTACT TO SCHOOL CONSTRUCTION AND RENOVATION PROJECTS, WHICH MIGHT INCLUDE EXPOSURE TO INDOOR AND OUTDOOR ALLERGENS, IRRITANTS, HAZARDOUS CHEMICALS, AND POLLUTANTS.**
 - **LIVE ANIMALS WITH FUR OR FEATHERS SHOULD NOT BE KEPT INSIDE CLASSROOM WITH THE EXCEPTION OF SERVICE ANIMALS.**
 - **PEST MANAGEMENT STRATEGIES SHOULD BE DESIGNED AND IMPLEMENTED TO PREVENT PEST INFESTATIONS AND MINIMIZE HUMAN EXPOSURE TO POTENTIALLY HARMFUL CHEMICALS.**
- 3. MONITOR AIR QUALITY DAILY TO MAKE DECISIONS ABOUT REDUCING STUDENTS' EXPOSURE TO AIR POLLUTION BASED ON RISK FACTORS AND PROVIDE INDOOR ALTERNATIVES FOR STUDENT PHYSICAL ACTIVITY ON DAYS WITH POOR AIR QUALITY.**
- **THE U. S. ENVIRONMENTAL PROTECTION AGENCY'S AIR QUALITY INDEX REPORTS PROVIDE DAILY AIR QUALITY INFORMATION FOR INDIVIDUALS ON HOW CLEAN OR POLLUTED THEIR AIR IS, AND WHAT ASSOCIATED HEALTH EFFECTS MIGHT BE OF CONCERN.**
 - **SCHOOLS CAN SIGN UP FOR MICHIGAN ENVIROFLASH, A FREE SERVICE THAT AUTOMATICALLY DELIVERS AIR QUALITY FORECASTS TO SUBSCRIBERS VIA E-MAIL OR CELL PHONE TEXT MESSAGES. THIS ALLOWS SCHOOL PERSONNEL TO ADJUST THEIR STUDENT'S OUTDOOR ACTIVITIES WHEN POOR AIR CONDITIONS ARE EXPECTED TO OCCUR.**
 - **LIMIT STUDENT OUTDOOR ACTIVITY ON AIR ACTION ALERT DAYS AND EXTREMELY COLD DAYS.**

VI. Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma, including:

- ~~a. Obtaining written parental permission for school health staff and primary care providers to share student health information.~~
- ~~b. Communicating between all caregivers and providers including, but not limited to, a yearly update of the asthma action plan.~~
- ~~c. Educating, supporting, and involving family members in efforts to better manage students' asthma.~~
- ~~d. Identifying and utilizing available community resources such as local asthma coalitions and community programs, community health care providers, and social service agencies.~~

~~1 Dey AN, Schiller JS, Tai DA. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. Vital Health Stat 10(221), 2004.~~

~~2 Wasilevich E and Lyon-Callo S. "Epidemiology of Asthma in Michigan: 2004 Surveillance Report." Michigan Department of Community Health Bureau of Epidemiology, Fall 2004.~~

~~3 Dey AN, Schiller JS, Tai DA. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. Vital Health Stat 10(221), 2004.~~

4 National Health Interview Survey data, 2001.

5 Wasilevich E and Lyon-Callo S. "Epidemiology of Asthma In Michigan: 2004 Surveillance Report." Michigan Department of Community Health Bureau of Epidemiology, Fall 2004.

6 Michigan Compiled Law 380.1179. Available at: http://www.michiganlegislature.org/mileg.asp?page=getObject&objName=mcl_380_1179.

7 Michigan State Board of Education. "Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools," (September, 2003).

8 Centers for Disease Control and Prevention. Strategies for Addressing Asthma Within a Coordinated School Health Program. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2002.

9 National Asthma Education and Prevention Program. Managing asthma: a guide for schools. Bethesda, Maryland: National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute, 2002.

Adopted January 11, 2005

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¹ ZAHARAN, H., BAILEY, C., DAMON, S., GARBE, P. AND BREYSSE, P. (2018). VITAL SIGNS: ASTHMA IN CHILDREN — UNITED STATES, 2001–2016. DOI: [HTTP://DX.DOI.ORG/10.15585/MMWR.MM6705E1](http://dx.doi.org/10.15585/mmwr.mm6705e1). [ACCESSED 22 OCT. 2020]

² PREVALENCE OF ASTHMA-RELATED HEALTH CONDITIONS AMONG MICHIGAN CHILDREN WITH CURRENT ASTHMA ESTIMATES FROM THE MICHIGAN ASTHMA CALL-BACK SURVEY 2012-2016 COMBINED, STANDARD TABLES.

³ MICHIGAN SCHOOL INHALER AND EPINEPHRINE AUTO-INJECTOR LAW - MICHIGAN COMPILED LAW 380.1179.

⁴ WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)

⁵ LEMANSKE, JR RF, KAKUMANU S, SHANOVICH K, ANTOS N, CLOUTIER MM, MAZYCK D, ET AL. CREATION AND IMPLEMENTATION OF SAMPRO™: A SCHOOL-BASED ASTHMA MANAGEMENT PROGRAM. J ALLERGY CLIN IMMUNOL 2016 [IN PRESS]. DOI: 10.1016/J.JACI.2016.06.015.

⁶ CENTERS FOR DISEASE CONTROL AND PREVENTION. *STRATEGIES FOR ADDRESSING ASTHMA WITHIN A COORDINATED SCHOOL HEALTH PROGRAM*. ATLANTA, GA: CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, 2002. [HTTPS://WWW.CDC.GOV/HEALTHYSCHOOLS/ASTHMA/STRATEGIES/ASTHMACSH.HTM](https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm)

⁷ NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM. *MANAGING ASTHMA: A GUIDE FOR SCHOOLS*. BETHESDA, MARYLAND: NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM, NATIONAL HEART, LUNG, AND BLOOD INSTITUTE, 2014. [HTTPS://WWW.NHLBI.NIH.GOV/FILES/DOCS/RESOURCES/LUNG/NACI_MANAGINGASTHMA-508%20FINAL.PDF](https://www.nhlbi.nih.gov/files/docs/resources/lung/naci_managingasthma-508%20final.pdf)

⁸ ENVIRONMENTAL PROTECTION AGENCY (EPA). *CREATING HEALTHY INDOOR AIR QUALITY IN SCHOOLS* [HTTPS://WWW.EPA.GOV/IAQ-SCHOOLS](https://www.epa.gov/iaq-schools)

RESOURCES

ASTHMA ENVIRONMENTAL GUIDE FOR SCHOOL-BASED HEALTH CENTERS

[HTTP://WWW.RAMPASTHMA.ORG/UPLOADS/ASTHMA_GUIDE_SBHC.PDF](http://www.rampasthma.org/uploads/asthma_guide_sbhc.pdf)

EPA INDOOR AIR QUALITY (IAQ) TOOLS FOR SCHOOLS TOOLKIT

[HTTPS://WWW.EPA.GOV/IAQ-SCHOOLS/INDOOR-AIR-QUALITY-TOOLS-SCHOOLS-ACTION-KIT](https://www.epa.gov/iaq-schools/indoor-air-quality-tools-schools-action-kit)

EPA SCHOOL BUS IDLE REDUCTION

[HTTPS://WWW.EPA.GOV/DERA/SCHOOL-BUS-IDLE-REDUCTION](https://www.epa.gov/dera/school-bus-idle-reduction)